

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>041575181</u>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4	/						54		/				
5	/						55		/				
6		/					56		/				
7		/					57		/				
8		3					58		/				
9		3					59		/				
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		3					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29	/						79						
30		/					80						
31		/					81						
32	/						82						
33	/						83						
34		/					84						
35		/					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		2					93						
44		3					94						
45		3					95						
46		3					96						
47		2					97						
48		3					98						
49	/						99						
50		/					100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	117						TOTAL DEP.						
TOTAL CLAIMS	124						TOTAL CLAIMS						